



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 8-25-14 To 10-19-14

1. Committee I.D. Number

150702

2. Committee Name

FRIENDS OF PUBLIC TRANSIT

4. Committee's Mailing Address

P.O. BOX 947  
PINCONNING MI 48650

Area Code and Phone: 989-324-7069

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

MICHAEL STONER  
1480 E. MT. FOREST RD., PINCONNING MI 48650  
Area Code and Phone 989-324-7069

6. Treasurer's Business Address

NA

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

NA

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE-ELECTION  
OR  
☐ POST-ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY  
☒ GENERAL  
☐ SCHOOL  
☐ SPECIAL  
☐ OTHER: \_\_\_\_\_

Date of Election:

NOV. 4, 2014

8b.

☐ FEBRUARY STATEMENT  
☐ APRIL STATEMENT  
☐ JULY STATEMENT  
☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(\_\_\_\_ Coverage Year)

8d:

☐ Post Petition Sample Filing  
under MCL 168.483a

(Required of Statewide Ballot  
Question Committees only after  
the submission of a sample petition  
prior to circulating the petition)

8e. ☐ AMENDMENT TO  
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f  
to indicate which Statement is  
being amended)

8f. ☐ DISSOLUTION OF  
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that  
the committee has no assets or  
outstanding debts, including late  
filing fees. Note: The disposition of  
residual funds must be reported on  
Schedule 4B and the Summary  
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper

MICHAEL STONER, Michael Stoner 10/19/14  
Type or Print Name Signature

Rec'd 10-21-2014



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150902  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>1367.50</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>1367.50</u>	(18.) \$ <u>1367.50</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	<u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>1367.50</u>	(20.) \$ <u>1367.50</u>
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>- 0 -</u>	(21.) \$ <u>93.60</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>2255.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	<u>- 0 -</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	<u>- 0 -</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	<u>- 0 -</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>2255.00</u>	(22.) \$ <u>2255.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	<u>- 0 -</u>	(23.) \$ <u>- 0 -</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>2255.00</u>	(24.) \$ <u>2255.00</u>
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	<u>- 0 -</u>	(25.) \$ <u>93.60</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$	<u>- 0 -</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	<u>- 0 -</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1130.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>1367.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>2497.50</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>2255.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>242.50</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702

2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name &amp; Address: <u>TIPMORE, DEWEY</u> <u>4861 S. THREE MILE RD.</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>8/25/14</u></p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>SUPERVISOR</u> Employer <u>BAY METRO TRANSIT</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2</p> <p>Name &amp; Address: <u>ELDER, BRIAN K.</u> <u>915 FIFTH ST.</u> <u>BAY CITY MI 48708</u></p> <p>4. Date of Receipt <u>8/25/14</u></p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3</p> <p>Name &amp; Address: <u>POWER, DONALD</u> <u>1200 BLANCHETTE DR.</u> <u>EAST LANSING MI 48823</u></p> <p>4. Date of Receipt <u>8/28/14</u></p>		\$ <u>150.00</u>	\$ <u>150.00</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>RETIRED</u> Employer <u>NA</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4</p> <p>Name &amp; Address: <u>BAUER, MARK</u> <u>6041 WINDY GYLE</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>8/28/14</u></p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	

Page Subtotal

300.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>AAA TRANSPORT &amp; LIMO</u> <u>1107 SAGINAW ST.</u> <u>BAY CITY MI 48408</u>	4. Date of Receipt <u>8/28/14</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION COMPANY</u> Employer <u>TIMOTHY BANASZAK, OWNER</u> Business Address <u>SAME</u>		Click Here for Memo Itemization <u>BAITA VENDOR</u>	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>STONER, MICHAEL</u> <u>1480 E. MT. FOREST RD</u> <u>PINDONNING MI 48650</u>	4. Date of Receipt <u>9/5/14</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>ABRAHAM &amp; GAFFNEY</u> <u>108 SPRING ST.</u> <u>ST. JOHNS MI 48879</u>	4. Date of Receipt <u>9/9/14</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUDITORS</u> Employer _____ Business Address <u>SAME</u>		Click Here for Memo Itemization <u>BAITA VENDOR</u>	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>SPRAUE, ERIC</u> <u>1507 MCKINLEY</u> <u>BAY CITY MI 48408</u>	4. Date of Receipt <u>9/9/14</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702

2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: <u>PLETZKIE, KRISTY</u> <u>96 S. GREEN RD</u> <u>BAY CITY MI 48708</u></p> <p>4. Date of Receipt <u>9/9/14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>20.00</u> \$ <u>20.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	
<p>3. Contribution # 2 Name &amp; Address: <u>REDMOND, ROBERT</u> <u>201 N. MOUNTAIN ST.</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>9/15/14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>STAFF/COUNTY</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE, BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>100.00</u> \$ <u>100.00</u></p> <p><a href="#">Click Here for Memo Itemization</a> <u>BMTA BOARD</u> <u>MEMBER</u></p>	
<p>3. Contribution # 3 Name &amp; Address: <u>HOWELL SHIRLEY</u> <u>614 MCDONNELL ST.</u> <u>ESSEXVILLE MI 48732</u></p> <p>4. Date of Receipt <u>9/16/14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>100.00</u> \$ <u>100.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	
<p>3. Contribution # 4 Name &amp; Address: <u>HUS, ROGER</u> <u>5917 S. HURON RD.</u> <u>PINCONNING MI 48650</u></p> <p>4. Date of Receipt <u>9/17/14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>50.00</u> \$ <u>50.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	

Page Subtotal

270.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: <u>WALSH, THOMAS</u> <u>2929 SHARON DR.</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>9-20-14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>50.00</u> \$ <u>50.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	
<p>3. Contribution # 2 Name &amp; Address: <u>GILLESPIE, BONNIE</u> <u>1211 N. HARBOR VIEW</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>10-2-14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>BAY METRO</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>108.00</u> \$ <u>108.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	
<p>3. Contribution # 3 Name &amp; Address: <u>GILLESPIE, BONNIE</u> <u>121 N. HARBOR VIEW</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>10-9-14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>BAY METRO</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>45.00</u> \$ <u>153.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	
<p>3. Contribution # 4 Name &amp; Address: <u>KEN STOUT</u> <u>3601 N. EUCLID</u> <u>BAY CITY MI 48706</u></p> <p>4. Date of Receipt <u>10-16-14</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<p>\$ <u>20.00</u> \$ <u>20.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	

Page Subtotal

223.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>VICKI STRATTON</u> <u>3182 OLD KAWKAULIN RD.</u> <u>BAY CITY MI 48706</u>	4. Date of Receipt <u>10-16-14</u>	<u>\$ 74.50</u>	<u>\$ 74.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

74.50

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

1367.50

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

150702

2. Committee Name

FRIENDS OF PUBLIC TRANSIT

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
<b>Expenditure # 1</b> Name & Address: BAY COUNTY CLERK 515 CENTER AVE. BAY CITY, MI 48708	4. Purpose: A.V. MAILING LABELS 5. Ballot Proposal: BAY METRO TRANSP. RENEWAL County: BAY	08/26/14 Date of Expenditure	\$ 54.90	\$ 54.90
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 2</b> Name & Address: NIETZ PRINTING INC 7005. ELLIOT AVE. BAY CITY, MI 48706	4. Purpose: POST CARDS 5. Ballot Proposal: BAY METRO TRANSP. MILEAGE County: BAY	9-11-14 Date of Expenditure	\$ 192.00	\$ 192.00
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 3</b> Name & Address: U.S. POSTAL SERVICE 207 KAISER ST. PINCONNING MI 48650	4. Purpose: POSTAGE STAMPS 5. Ballot Proposal: BAY METRO TRANSIT MILEAGE County: BAY	9-16-14 Date of Expenditure	\$ 1870.00	\$ 1870.00
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 4</b> Name & Address: U.S. POSTAL SERVICE 207 KAISER ST. PINCONNING MI 48650	4. Purpose: POSTAGE STAMPS 5. Ballot Proposal: BAY METRO TRANSIT MILEAGE County: BAY	9-26-14 Date of Expenditure	\$ 37.40	\$ 1907.40
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

2154.30

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

Enter this total  
on Line 8a of  
the Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

150702

2. Committee Name

FRIENDS OF PUBLIC TRANSIT

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: NEETZ PRINTING INC 700 S. EUCLID AVE BAY CITY, MI 48706	4. Purpose: POST CARDS 5. Ballot Proposal: BAY METRO TRANSIT MILLAGE County: BAY	10-3-14	\$ 100.70	\$ 292.70
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address:	4. Purpose:			
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal:		\$	\$
<input type="checkbox"/> Fund Raiser	County:		Click for Memo Itemization Type	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local				
Expenditure # 3 Name & Address:	4. Purpose:			
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal:		\$	\$
<input type="checkbox"/> Fund Raiser	County:		Click for Memo Itemization Type	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local				
Expenditure # 4 Name & Address:	4. Purpose:			
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal:		\$	\$
<input type="checkbox"/> Fund Raiser	County:		Click for Memo Itemization Type	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local				

Subtotal this page

100.70

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

2,255.00

Enter this total  
on Line 8a of  
the Summary  
Page